OSU COM FAME/CTT Peer Review Program
Peer Review of Clinical Teaching
Stanford Faculty Development Form/Construct
Program

Who/What?

Peers (other faculty members or other health care professionals involved in the educational mission of the college, trainees are not peers) sit in on lectures, attend teaching rounds, or shadow other clinical teaching activities to provide feedback to teaching faculty. It is recommended that senior or master teachers in ones own department or the college serve as peer reviewers. CTT/FAME has trained a group of OSU OM CTT/FAME Peer Reviewers and they can be viewed on the OSU FAME Education Programs web page. This process is a review of content and the teaching and learning process using structured observation forms that cover common criteria for "good" lecturing or clinical teaching (see LARGE CLASSROOM, SMALL GROUP/INDIVIDUAL TEACHING, CLINICAL TEACHING [STANFORD] FORMS).

How?

1. Faculty member initiates Peer Review (PR) by contacting CTT/FAME administrator (Bev Trout) through OSU FAME Education Programs web page [faculty member may suggest desired Peer Reviewers who may be in or outside of Department] or email.
2. Faculty member chooses format and completes Self-Assessment [see suggested format table] and communicates the evaluation process and goals with Peer Reviewer prior to PR.
3. The Peer Reviewer uses the appropriate OSU COM CTT Peer Review of Teaching form to document the review.
4. After the Peer Review observation, the Peer Reviewer and the faculty member discuss what was observed with any suggestions for improvement [by meeting, phone or email].
5. The faculty member receives copy of completed form for her/his review and record.
6. If desired by the faculty member, a letter/memorandum summarizing the evaluation is prepared by Peer Reviewer which serves as documentation for formative feedback and for the faculty member's P&T file (see SAMPLE LETTER).
7. PR form is filed with the CTT/FAME Peer Review Program unless the faculty member decides to not have it stored there. Peer Reviewer clarifies this with faculty member and if desired, the form is sent to Bev Trout for CTT/FAME PR files (and is available to faculty member from this repository in future).
8. Peer Reviewer completes online documentation that PR was performed.

Why?

- To reinforce "good" teaching characteristics and suggest areas for improvement.
- To develop documentation for P&T that is consistent with University guidelines.
- To provide a "teachable" moment for faculty development.
- To facilitate reflective improvement of teaching when conducted over time.

Who

- CTT members, LSI Expert Educators and experienced OSU faculty are trained and available to provide peer review of your teaching. [List of trained reviewers available on the OSU FAME Education Program web page]
- Contact Bev Trout for more information and a peer reviewer.

When and Where?

It is up to the faculty and peer to decide. At least one documented peer review per year is recommended.

We are excited about offering this Peer Review opportunity to our faculty!
Any questions, please contact me at John.mahan@nationwidechildrens.org

John D Mahan, MD
Adapted from documents developed by Andy Hudson PhD.

9.20.16

Faculty Peer Review of Teaching in LSI

Overview – Peer Review process is designed to:

1. **Help assist faculty in continual improvement of teaching**
2. **Improve the LSI experience for learners**
3. **Provide opportunities for educational program enhancement**

Faculty Information:

1. **OSU COM Peer Review of Teaching (PRT) process focuses on instructor/teacher development by starting at what area the faculty member particularly desires assessment and feedback**
2. **The PRT is completed by LSI Expert Educator faculty or a member of the OSU COM Courage to Teach Peer Review Group assigned by educational leadership to do the Peer Review**
3. **There are no 'grades' required of teaching faculty**
4. **All faculty will eventually receive PRT**
5. **The faculty (instructor) may indicate preference for a specific Peer Reviewer; assignment will be made by education leaders**
6. **The instructor initiates process by identifying areas for particular emphasis by the reviewer**
7. **The instructor completes a self-assessment as part of understanding process and chance for reflection; this may be incorporated into the debriefing session at the instructor's discretion**
8. **Opportunities for feedback on the educational program from the instructor to educational leaders is available as part of the process**
9. **The Peer Reviewer discusses/debriefs the teaching activities and review with the instructor at the end of the teaching session or later by phone/personal meeting**
10. **The instructor receives a copy of the PRT form suitable for inclusion into her/his P&T dossier**

OSU COM FAME/CTT Peer Review Program
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Stanford Faculty Development Form/Construct

INSTRUCTOR: ______________________________ DATE: ______________________

COURSE AND TOPIC: __________________________ EVALUATOR: ___________________

Areas for focused feedback as identified by faculty member: ______________________________

____

Instructions: Using the following scale please rate each item under each category by circling one number.

5= Strongly Agree 4= Agree 3= Undecided 2= Disagree 1= Strongly Disagree NO/NA= Not Observed/Not Applicable

During this teaching activity/rotation, the attending (resident) generally…

	SA	A	U	D	SD	
Learning climate						
1. Listened to learners.	5	4	3	2	1	NO
2. Encouraged learners to participate actively in the discussion.	5	4	3	2	1	NO
3. Expressed respect for learners.	5	4	3	2	1	NO
4. Encouraged learners to bring up problems.	5	4	3	2	1	NO
Control of session						
5. Called attention to time.	5	4	3	2	1	NO
6. Avoided digressions.	5	4	3	2	1	NO
7. Discouraged external interruptions.	5	4	3	2	1	NO
Communication of goals						
8. Stated goals clearly and concisely.	5	4	3	2	1	NO
9. Stated relevance of goals to learners.	5	4	3	2	1	NO
10. Prioritized goals.	5	4	3	2	1	NO
11. Repeated goals periodically.	5	4	3	2	1	NO
Promoting understanding and retention						
12. Presented well-organized material.	5	4	3	2	1	NO
13. Explained relationships in material.	5	4	3	2	1	NO
14. Used visual aids.	5	4	3	2	1	NO
Evaluation						
15. Evaluated learners' knowledge of factual medical information.	5	4	3	2	1	NO
16. Evaluated learners' ability to analyze or synthesize knowledge.	5	4	3	2	1	NO
17. Evaluated learners' ability to apply medical knowledge to specific patients.	5	4	3	2	1	NO
18. Evaluated learner's medical skills as they apply to specific patients.	5	4	3	2	1	NO
Feedback						
19. Gave corrective feedback to learners.	5	4	3	2	1	NO
20. Explained to learners why he/she was correct or incorrect.	5	4	3	2	1	NO
21. Offered learners suggestions for improvement.	5	4	3	2	1	NO
22. Gave feedback frequently.	5	4	3	2	1	NO
Promoting self-directed learning						
23. Explicitly encouraged further learning.	5	4	3	2	1	NO
24. Motivated learners to learn on their own.	5	4	3	2	1	NO
25. Encouraged learners to do outside reading.	5	4	3	2	1	NO
Teacher's knowledge						
26. Revealed broad reading in his/her medical area.	5	4	3	2	1	NO
27. Directed students to useful literature in the field.	5	4	3	2	1	NO
28. Discussed current developments in his/her medical area.	5	4	3	2	1	NO
29. Demonstrated a breadth of knowledge in medicine generally.	5	4	3	2	1	NO
30. Demonstrated points of view other than his/her own.	5	4	3	2	1	NO

Overall teaching effectiveness Very poor 1 2 3 4 5 Excellent

Comments:

Strengths:

Areas for Improvement:

Adapted from the Stanford Faculty Development Program, Stanford School of Medicine, Copyright 1998

OSU COM FAME/CTT Peer Review Program
Peer Review of Clinical Teaching
Stanford Faculty Development Form/Self-Assessment

INSTRUCTOR: ____ DATE TO BE DONE_____________________

COURSE AND TOPIC: _________________________________ EVALUATOR: __________________________

Areas for focused feedback as identified by faculty member:____

____

You will have an opportunity to be observed facilitating your small group educational activity. In order to benefit maximally from this direct observation of your teaching – take some time to reflect upon the following domains, rate your skills, and think about your strengths and weaknesses. Please record your ratings/thoughts and forward a copy of this form to Aubre Smith. She will forward a copy to your peer observer so he/she can target their feedback to help meet your needs. **This is similar to the form your peer observer will be using.**

Instructions: For each of the following statements please indicate your degree of agreement using the following scale:
SD=Strongly Disagree, **D**=Disagree, **E**=Equally D&A, **A**=Agree, **SA**=Strongly Agree, **NA**=Not Applicable
Circle only one response per statement and answer the questions in the space provided.

Learning Climate

1. Listens to learners.	SD	D	E	A	SA	NA
2. Encourages learners to participate.	SD	D	E	A	SA	NA
3. Expresses respect for learners.	SD	D	E	A	SA	NA
4. Encourages learners to raise issues.	SD	D	E	A	SA	NA

Is there anything about establishing a safe, risk free – learning climate that you particularly want feedback on? Have you found it hard at times to encourage participation which is of the depth you would like to see in your learners? What have you tried which has worked well? Have you had any challenges with specific learner behaviors which have not been conducive to learning in the group? Other thoughts regarding your strengths or needs in this area?

____
____
____
____
____

Control of Session

5. Calls attention to time.	SD	D	E	A	SA	NA
6. Avoids digressions.	SD	D	E	A	SA	NA
7. Observes small groups.	SD	D	E	A	SA	NA
8. Arranges the setting.	SD	D	E	A	SA	NA

Have you found time management challenging? Any particular learner behavior that you feel has interfered with the session or you were not certain how to deal with? Any questions about making the most of the physical environment to maximize engagement and participation? Any other thoughts regarding your strengths or needs in this area?

____
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____

Communication of goals

9. States goals clearly and concisely.	SD	D	E	A	SA	NA
10. States relevance of goals to learners.	SD	D	E	A	SA	NA
11. Provides clear instructions for activities.	SD	D	E	A	SA	NA

Thoughts regarding your strengths or needs in this area?

____
____
____
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____

Promoting Understanding and Retention

12. Presents material in well-organized fashion.	SD	D	E	A	SA	NA
13. Explains relationships in material.	SD	D	E	A	SA	NA
14. Uses activity to demonstrate relevance.	SD	D	E	A	SA	NA :

Have you had any challenges with your group in establishing relevance? What have you tried that you think works well or has not worked well? Other thoughts regarding your strengths or needs in this area?

____
____
____

Evaluation of Learners

15. Assesses learners' knowledge. SD D E A SA NA
16. Evaluates learners' ability to analyze or synthesize knowledge. SD D E A SA NA
17. Evaluates learners' ability to apply knowledge to specific activity. SD D E A SA NA
18. Evaluates CAPS skills as they apply to specific topics. SD D E A SA NA

What challenges have you faced in assessing learners abilities? What strategies have you tried to help in this regard? Other thoughts regarding your strengths or needs in this area?

Feedback

19. Gives corrective feedback. SD D E A SA NA
20. Explains to learners why they are correct or incorrect. SD D E A SA NA
21. Offers suggestions for improvement. SD D E A SA NA
22. Gives feedback frequently. SD D E A SA NA

What have you tried that has worked well? Any particular challenges you have faced with the group or with individual learners? Have you had to give corrective feedback and was this difficult? Other thoughts regarding your strengths or needs in this area?

Promoting Self-Directed Learning

23. Explicitly encourages further learning. SD D E A SA NA
24. Motivates learners to learn on their own. SD D E A SA NA
25. Encourages learners to read. SD D E A SA NA

What strategies do you explicitly use in this area? What do you think works or does not work? Other thoughts regarding your strengths or needs in this area?

Teacher's knowledge

26. Reveals preparation for the activity. SD D E A SA NA
27. Discusses relevant current developments. SD D E A SA NA
28. Demonstrates points of view other than own. SD D E A SA NA

Thoughts regarding your strengths or needs in this area?

Other areas which you would like your peer observer to focus on?

SAMPLE LETTER
MEMORANDUM

To: Jane Doe, M.D., Associate Professor, Internal Medicine

From: John Doe, M.D., Professor, Internal Medicine

Subject: Evaluation of Teaching June 22, 2014, Part 2 Clinical Ring

This memorandum will serve as a follow-up to my June 22 observations of your clinical and classroom teaching and our subsequent conversation. I will first address the clinical teaching.

Over the two day period in which I shadowed you and your group of two third-year students, an intern, a resident, a pharmacy student, and an R.N., I was very pleased to see that you exhibit most of the skills contained in the literature on clinical teaching. Throughout your rounds you stressed histology and pathophysiology and problem solving.

You used excellent questioning strategies. You went from the general to the specific, from normal to abnormal, and you pitched your questions at different levels based on each student's level of understanding. As we discussed, you often put students on the warm seat but not the hot seat. Key phrases you used to stimulate students to make a commitment to a diagnosis or treatment and to provide them opportunities to think through problems were "Tell us about . . .", "Why is that?", "Other thoughts, concerns, questions?". By constantly seeking to get the students to utilize their thought processes and problem solving skills and sharing your problem solving processes, you stress the essence of the clinical experience.

I think it is very important that you continue to give students your particular biases such as "I'm conservative, a non-interventionist." Or "In my mind the algorithm is . . ." When all else failed, you provided students with short scenarios to get them to think and gave them either/or and A or B type questions with frequent hints to encourage their interaction in a non-threatening manner. When students did come to the point or make good points, you encouraged them by using words such as: right, excellent, good job."

In addition to demonstrating excellent teaching skills, you role modeled the physician-patient relationship very well. You stressed the patient's mood such as anxiety, depression and you stressed patient education. You made certain that things were explained in terms that the patient could understand. You evaluated the patient's understanding of their condition, took the time to explain to them the course of action that you were recommending, and made them feel a part of the decision making process. In addition to all this, you were extremely well informed about your cases. I cannot imagine how you remember all those lab values, but I was very impressed.

As you discussed, your delivery is often a little fast and I think it is your nature to talk fast. I didn't find it particularly objectionable, but I am sure some people would. I found that you were very careful to be sure that you were being understood and provided opportunities for clarification if students were not able to keep up. Two incidences serve as examples. First, you used the chalkboard to draw out the anatomical sites of drug interaction and quizzed the students on drugs of choice based on route and site of action. In this way you related basic science to clinical medicine and let the students describe to you in their own terms what they thought was occurring. The other incident was the homework assignment requiring students to review an ethics article on end of life issues and be prepared to discuss it. You wisely made the students responsible to remind you of assignments so that there will be follow-up on such activities. Overall, I was very impressed with your clinical teaching ability and I think you should serve as role model for others.

It was interesting to be able to contrast your clinical teaching with your lecturing by attending your Part 1 lecture on June 6, 2014, in which you discussed the pathophysiology of COPD. You were extremely well organized, you were very clear, you used excellent examples and cases, and your voice and inflection were excellent. You related your topic to previous discussions and to upcoming learning events so that the students had a context for your lecture topic.

As we discussed, student attention spans wane after approximately 15 to 20 minutes. You need to build in activities and involvement techniques to keep their attention. There are many suggestions for doing this as we discussed and I hope you will utilize some of them. Primarily I suggest that you build in some rhetorical questions so that your

lecture is not all telling. Question and answer sessions that do not necessarily require a verbal answer but force students to think about the topic at hand are a good way of keeping their attention. Other suggestions we discussed were to begin with a case or problem which is solved during the lecture. Have students work in small groups for a limited discussion or short "buzz session", or have students take notes that they are going to have to share with their neighbor.

For this particular lecture you could have begun with a question for the students such as, what are five causes of COPD? Have students list these at the beginning of the lecture or share them verbally. You could also ask students what are some differentials and how to rule them out or in. I like the way you challenged them to consider costs, patient education, compliance, and prognosis.

Another technique is the use of appropriate audiovisuals. I suggest that you type your overhead transparencies on the computer and copy them onto transparency film. You made good use of revelation techniques at the overhead projector but your handwritten transparencies lacked legibility. They were, however, well organized and you followed them throughout your lecture. You should also meet with Janice Doe in our office if you want help with Power Point presentations. It is an excellent, user friendly presentation program. Just type in an outline of your talk and it makes slides, transparencies, notes, handouts, etc.

I was very interested to hear that you have as much anxiety as you claim in front of a large group. It certainly didn't come across that way and I am reluctant to endorse your policy of "don't prepare to reduce your anxiety." I find that preparation reduces my anxiety considerably when I speak in front of a large group. One suggestion is to write the test questions that will come from your lecture prior to doing the lecture. In this way you are focused on what the students need to do rather than what you need to do.

I hope that this review of your clinical and classroom teaching has been beneficial. I very much appreciate the opportunity to shadow you in clinics. It was a very enlightening experience for me as well. If I can be of further assistance, don't hesitate to contact me.

OSU COM FAME/CTT Peer Review Program
Peer Review of Clinical Teaching
Sample Letter from
Stanford Faculty Development Form/Construct

Faculty member:	John Doe, MD
Course:	Internal Medicine Clerkship
Topic:	Clinical Decision-Making
Format:	Interactive Lecture
Reviewer:	Jane Doe, MD
Field:	General Internal Medicine
Topic expertise:	Competent, neither novice, nor expert

1. Learning Climate:
   Dr. Doe showed enthusiasm for both the learners and the topic. He encouraged learners to participate, particularly in the first half of the lecture. He invited them to express their opinions and was consistently respectful.

2. Control of Session:
   Despite beginning a few minutes late due to delay from the previous lecture, Dr. Doe was able to finish on time while maintaining a reasonable pace. He followed a clear agenda and avoided digressions. His leadership style was directive.

3. Communication of Goals:
   Dr. Doe defined and stated his goals clearly as learner behaviors. He repeated these goals appropriately.

4. Promotion of Understanding and Retention:
   The lecture was well organized with use of an overview and summary. He enumerated the goals effectively. Dr. Doe used examples to illustrate and define new terms. He encouraged active learning through note taking, having learners apply the material to example cases, and assigning further reading through the handout.

5. Evaluation:
   Dr. Doe appeared to observe learners for understanding. He asked both recall and synthesis questions.

6. Feedback:
   Dr. Doe encouraged and reinforced participation through use of immediate positive minimal feedback, such as nodding and voicing agreement.

7. Promotion of Self-directed Learning:
   No behaviors promoting self-directed learning were noted.

<u>Overall assessment of approach to topic</u>: Very Good to Excellent. This topic can be very difficult to present due to its complexity and students difficulty seeing the relevance to them. Dr. Doe handled the topic creatively and was able to overcome some of these barriers.

<u>Strengths</u>: Dr. Doe used a case to illustrate points during first half of lecture. Through this case he effectively encourage their participation, engaging them in the topic. He used examples well to illustrate different types of error. He showed enthusiasm for both the students and the topic.

<u>Recommendations for improvement</u>: I recommend trying to keep student participation high throughout the lecture. A simpler and less controversial example than anticoagulation in dilated cardiomyopathy may serve his purposes better and keep students engaged. (Perhaps elaborate on the acute cystitis case by analyzing the utility of culture?) Other options are to keep time at the end to involve students in self-assessment, defining their own goals, or applying the concepts to their current clinical experiences.

Potential venues and colleagues for peer review of teaching

The following are existing venues in the college for peer review of teaching. By capturing the opportunities that exist for peer evaluation, rather than developing new methods or forums departments and individual faculty can easily implement peer review. It is suggested that whenever feasible faculty make use of teaching situations to involve peers in the review and documentation of their teaching. Several models in the literature suggest that peer review be “built in” to existing teaching opportunities, especially in team taught situations. Peers are other faculty members or other health care professionals involved in the educational mission of the college. Trainees are not peers.

Cafeteria of Items to Develop Clinical Evaluation Instruments

Use the following statements to develop your own clinical teaching evaluation instrument for peers or students using a Likert type scale (SA= Strongly Agree, A= Agree, U= Undecided, D= Disagree, SD= Strongly Disagree). These 41 statements are in rank order as rated by students and faculty at the Ohio State University as to their appropriateness for evaluating clinical teaching. The first number (in parenthesis) is an average score by students on a five point scale, the second number is an average score by faculty. Items with a significant difference between student and faculty ranking as indicated by chi square analysis are indicated by an asterisk *.

1. Instructor is willing to address student questions.(4.60),4.70
2. Instructor encourages student discussion of, and active involvement in, patient care.(4.58),4.34
3. Instructor shares his/her rationale for decision-making.(4.56),4.62 *
4. Instructor encourages students to make decisions.(4.51),3.92
5. Instructor's conduct is professional and ethical.(4.48),4.70
6. Instructor stimulates students to think.(4.47),4.46
7. Instructor challenges students to explain the rationale for their own decisions.(4.47),4.42
8. Instructor demonstrates enthusiasm and interest.(4.46),3.96 *
9. Instructor exhibits proficiency in clinical ability and knowledge.(4.46),4.22
10. Instructor teaches by questioning and challenging students in a non-threatening way.(4.43),4.29
11. Instructor provides a clear orientation to the clinical rotation.(4.38),4.48
12. Instructor uses thought-provoking questions to get students to think.(4.37),4.22
13. Instructor respects students as people.(4.33),3.92
14. Instructor provides positive reinforcement to students.(4.32),4.33
15. Instructor shows a great deal of interest in teaching.(4.31),4.29
16. Instructor motivates students to learn.(4.31),4.19
17. Instructor challenges students to develop their own opinions.(4.30),3.96
18. Instructor provides students the opportunity to act independently.(4.30),3.73 *
19. Instructor has patience with students.(4.27),3.44 *
20. Instructor demonstrates comprehensive knowledge of subject.(4.27),4.25
21. Instructor has good organizational skills.(4.25),4.07
22. Instructor provides clear expectations of student performance.(4.25),4.48
23. Instructor challenges students to defend their diagnostic and treatment plans.(4.23),4.00
24. Instructor serves as a good clinical role model.(4.16),4.37
25. Instructor stresses patient communication.(4.15),4.07
26. Instructor provides examples, stories, and analogies to complement clinical problem solving.(4.13),3.6 *
27. Instructor enables students to assume as much responsibility as they are capable of.(4.13),3.74 *
28. Instructor has good listening skills.(4.12),4.14
29. Instructor helps students separate major problems from minor problems.(4.11),3.85
30. Instructor clarifies the scientific basis for decisions.(4.08),4.03
31. Instructor stresses ethics of case management.(4.05),4.25
32. Instructor provides praise in public and criticism in private.(4.02),3.33
33. Instructor shares his/her accumulated experiences.(4.01),3.74 *
34. Instructor is willing to admit to his/her own limitations.(3.97),3.85
35. Instructor takes a personal interest in students and their development.(3.96),3.59
36. Instructor is compassionate and caring toward students.(3.81),3.40 *
37. Instructor knows the names of students.(3.67),3.14
38. Instructor encourages students to answer their own questions.(3.67),3.85
39. Instructor makes an obvious, genuine attempt to become acquainted with each student.(3.65),3.07
40. Instructor makes effective use of humor.(3.61),3.14
41. Instructor assigns homework and follow-up reports.(3.00),3.14

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OSU COM
December 2000; updated July 2014

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Web sites of interest:

There is more information on University guidelines and resources for evaluation of teaching, Including peer review at http://senate.osu.edu/PeerEvalTeach.html

Visit the OSU Office of Academic Affairs web site at http://oaa.osu.edu/index.php

Create your own student evaluation of teaching form on the registrar's site
http://www.ureg.ohio-state.edu/fyi/

Baylor College of Medicine:
http://www.bcm.tmc.edu/fac-ed/peer_review.htm

Center for Instructional Support
the Support Site for Educators in the Health Professions
http://www.uchsc.edu/CIS/

University of Wisconsin – Madison:
http://www.provost.wisc.edu/archives/ccae/MOO/index.html